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Form Approved OMB No. 2050-0028 Expires 10/31/99  
GSA No. 0240-EPA-07

<small>Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</small>		<b>EPA</b>		<b>Notification of Regulated Waste Activity</b>		<b>Date Received</b> (For Official Use Only) <b>FEB 09 1999</b>	
United States Environmental Protection Agency							
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)							
<input checked="" type="checkbox"/> A. First Notification		<input type="checkbox"/> B. Subsequent Notification (Complete Item C)		C. Installation's EPA ID Number			
				1AR000006858			
II. Name of Installation (Include company and specific site name)				Philip Morris U.S.A. c/o Centruhe, Inc.			
III. Location of Installation (Physical address not P.O. Box or Route Number)							
Street							
4460 112th Street							
Street (Continued)							
City or Town				State	Zip Code		
Urbandale				IA	50322		
County Code	County Name						
	Polk						
IV. Installation Mailing Address (See Instructions)							
Street or P.O. Box							
11253 Meredith Drive							
City or Town				State	Zip Code		
Urbandale				IA	50322		
V. Installation Contact (Person to be contacted regarding waste activities at site)							
Name (Last)		(First)					
Zimmerman		David					
Job Title		Phone Number (Area Code and Number)					
Environmental Engineer		(804) 274-4803					
VI. Installation Contact Address (See Instructions)							
A. Contract Address Location Mailing Other		B. Street or P.O. Box					
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		P. O. Box 26603					
City or Town		State	Zip Code				
Richmond		VA	23261				
VII. Ownership (See Instructions)							
A. Name of Installation's Legal Owner							
R and R Investors, LTD							
Street, P.O. Box, or Route Number							
1280 Office Plaza Drive							
City or Town				State	Zip Code		
West Des Moines				IA	50266		
Phone Number (Area Code and Number)		B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month Day Year		
(515) 223-4901		P	P	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

EPA Form 8700-12 (Rev. 10/09/96)  
STF ENV439F.1

Continued on Reverse

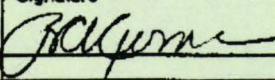
RCRIS data entered  
by RCRC NowCC  
on 2/9/99R00117909  
RCRA RECORDS CENTER



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Form Approved. OMB No. 2050-0038 Expires 10/31/99  
GSA No. 0246-EPA-07

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VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)					
<b>A. Hazardous Waste Activity</b>	<b>B. Used Oil Recycling Activities</b>				
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>				
<b>IX. Description of Hazardous Wastes (Use additional sheets if necessary)</b>					
<b>A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)</b>					
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)</b>					
1	2	3	4	5	6
7	8	9	10	11	12
<b>C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)</b>					
1	2	3	4	5	6
<b>X. Certification</b>					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					
Signature		Name and Official Title (Type or print)		Date Signed	
		B. C. Kiernan, Manager		2-9-99	
<b>XI. Comments</b>					
Out of date promotional sales items					
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)					



PHILIP MORRIS

U.S.A.

P. O. BOX 26603, RICHMOND, VIRGINIA 23261 TELEPHONE (804) 274-2000

February 8, 1999

RECEIVED

FEB 09 1999

P. BRANCH

Mr. Perce Cox  
Environmental Protection Agency  
Region 7  
ARTD\RESP  
726 Minnesota Avenue  
Kansas City, KS 66101

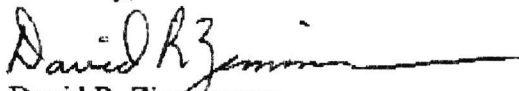
Subject: First Notification of Regulated Waste Activity

Dear Mr. Cox:

Please find enclosed a First Notification of Regulated Waste Activity for the Philip Morris U. S. A. c/o Centrobe, Inc. physically located in Polk County at 4460 112<sup>th</sup> Street, Urbandale, IA 50322.

Should you have any questions, I can be reached at 804-274-4803.

Sincerely,

  
David R. Zimmerman  
Environmental Engineer

Enclosure: First Notification of Regulated Waste Activity



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Form Approved OMB No. 2050-0026 Expires 10/31/99  
GSA No. 0246-EPA-07

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).		<b>EPA</b>		<b>Notification of Regulated Waste Activity</b>		Date Received (For Official Use Only) RECEIVED FEB 09 1999	
		United States Environmental Protection Agency					
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)							
<input checked="" type="checkbox"/> A. First Notification		<input type="checkbox"/> B. Subsequent Notification (Complete Item C)		C. Installation's EPA ID Number			
				IAR0000006858			
II. Name of Installation (Include company and specific site name)							
Philip Morris U.S.A. c/o Centrobe, Inc.							
III. Location of Installation (Physical address not P.O. Box or Route Number)							
Street							
4460 112th Street							
Street (Continued)							
City or Town		State		Zip Code			
Urbandale		IA		50322			
County Code	County Name						
	Polk						
IV. Installation Mailing Address (See Instructions)							
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V. Installation Contact (Person to be contacted regarding waste activities at site)							
Name (Last)		(First)					
Zimmerman		David					
Job Title		Phone Number (Area Code and Number)					
Environmental Engineer		(804) 274-4803					
VI. Installation Contact Address (See Instructions)							
A. Contact Address Location Mailing Other		B. Street or P.O. Box					
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		P. O. Box 26603					
City or Town		State		Zip Code			
Richmond		VA		23261			
VII. Ownership (See Instructions)							
A. Name of Installation's Legal Owner							
R and R Investors, LTD							
Street, P.O. Box, or Route Number							
1280 Office Plaza Drive							
City or Town		State		Zip Code			
West Des Moines		IA		50266			
Phone Number (Area Code and Number)		B. Land Type		C. Owner Type		D. Change of Owner Indicator	
(515) 223-4901		P		P		Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
						(Date Changed) Month Day Year	

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## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

## A. Hazardous Waste Activity

1. Generator (See instructions)  
☒ a. Greater than 1000kg/mo (2,200 lbs.)  
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)  
☐ a. For own waste only  
☐ b. For commercial purposes
- Mode of Transportation  
☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.  
☐ 4. Hazardous Waste Fuel  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace  
☐ 1. Smelter Deferral  
☐ 2. Small Quantity Exemption  
 Indicate Type of Combustion Device(s)  
☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace  
☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer  
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)  
☐ a. Utility Boiler  
☐ b. Industrial Boiler  
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)  
☐ a. Transporter  
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)  
☐ a. Process  
☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))  
☐ ☐ ☐ ☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

B. C. Kiernan, Manager

2-9-99

## XI. Comments

Out of date promotional sales items

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**Philip Morris U.S.A.**  
**Environmental Compliance and Engineering**  
Richmond, Virginia  
**Facsimile Cover Sheet**

This facsimile transmission (and/or the documents accompanying it) may contain confidential information belonging to the sender. The information is intended only for the use of the addressee or entity named below.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance of the contents of this information is strictly prohibited by law.

If you have received this transmission in error, please immediately notify us by telephone to arrange for the return of the documents.

Please telephone facsimile transmission questions to (804) 274-2207

Date: 2/9/99

To: MR. COX

Company: USEPA - Region 7 ARTD/RESP

Phone: 913-551-7126

Fax: 913-551-7947

Sender: David R Zimmerman

Company: PMUSA

Phone: 804-274-4803

Fax: -4572

Pages Including cover: 5

Comments: Thanks for issuing the Id. Number to me!  
Hand Copy to Follow.